

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035811

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133

Primary Registration District No. 2000

Registrar's No. 1346

FILED OCT 14 1963

VS 300
Rev. 4/59

1 0397

2 0397

3 2

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10 16

11 133

12 90-3

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in 1b 10 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 715 W. 6th. Street		d. STREET ADDRESS (If outside, give location) 715 W. 6th. Street	
3. NAME OF DECEASED (Type or print) FRED ARTHUR RYAN		4. DATE OF DEATH Month Oct. Day 5 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/29/1953
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	
11. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Fred Ryan		13b. MOTHER'S MAIDEN NAME Betty Garrison	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Springfield, Missouri William Garrison, 1117 S. Overhill	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to have been caused by suffocation by fire When body was found, it was badly charred Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. #### DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) House fire. The house was severely		20c. TIME OF Hour 4:30 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 10-5-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home	
20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri		20g. COUNTY Greene	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at Approx. 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thieme (Degree or title) Greene County Coroner		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 10-9-63		22d. STATE Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-11-1963	
23c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery		23d. LOCATION (City, town, or county) Greene County, Missouri	
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.		25. DATE RECD. BY LOCAL REG. 10-10-63	
26. REGISTRAR'S SIGNATURE Bernie Medley		26. ADDRESS Springfield, Missouri	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Tuttle

Licensed Embalmer No.

5079

P. O. Address

Spfld, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

10/16/63